

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012963

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2804

FILED MAR 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **ST. LOUIS CITY HOSPITAL**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS **3225 Montgomery**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
SAM

Middle

Last
MAKUCH

4. DATE
OF
DEATH

Month
3

Day
5

Year
62

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
May 16, 1872

9. AGE (last birthday)
89

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Unknown

10b. KIND OF BUSINESS OR INDUSTRY
Unknown

11. BIRTHPLACE (City and state or country)
Austria

12. CITIZEN OF WHAT COUNTRY
Unknown

13a. FATHER'S NAME

Frank Makuch

13b. MOTHER'S MAIDEN NAME

Nasta (Unknown)

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Rothwell 4140 Lindell

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

493x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Advanced Pulmonary Emphysema

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-27-62** to **3-5-62** and last saw her alive on **3-5-62**
Death occurred at **1:45 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVENUE

22c. DATE SIGNED

3-5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3/13/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Cullen & Kelly 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.

MAR 13 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

BRITTINGHAM
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Not Embalmed
James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.